

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015785

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 166 Primary Registration District No. 5603 Registrar's No. 9

VS 300
Rev. 4/59

10510
20510

3

4 C

5 0

6

7 0

8 2

9976X

10

11

1290-0

133-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 14 1962

1. PLACE OF DEATH
a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Grover Twp Length of stay in 1b
8 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION RR #2 Knob Noster, Mo Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson

c. CITY OR TOWN RR #2 Knob Noster, Mo. Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED First Middle Last
(Type or print) MASON VICTOR TRIPLETT

4. DATE OF DEATH Month Day Year
May 6 1962

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/9/1889

9. AGE (last birthday) 73

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Pettis County

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
John T. Triplett

13b. MOTHER'S MAIDEN NAME
Kattie Douglass

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
M. T. Adcock RR#2 Knob Noster, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gun Shot of Head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Shot himself in head

20c. TIME OF INJURY
5:15 p.m. Hour Month, Day, Year
5/ 6/1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
HOME.

20f. CITY, TOWN, OR LOCATION Knob Noster COUNTY Johnson STATE Mo

21. I attended the deceased from May 6-62 to May 8-62 and last saw him alive on May 6-62
Death occurred at 5:20p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. W. Groves M.D. (Degree or title)

22b. ADDRESS Knob Noster, Missouri 22c. DATE SIGNED 5/7/1962

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE May 8, 1962

23c. NAME OF CEMETERY OR CREMATORY
Knob Noster Cemetery

23d. LOCATION (City, town, or county) (State)
Knob Noster, Missouri

24. FUNERAL DIRECTOR ADDRESS
Brauningers Warrensburg, Missouri

25. DATE RECD. BY LOCAL REG.
5/8/62

26. REGISTRAR'S SIGNATURE
Erma L. Beatty

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stephen E. Allison

Licensed Embalmer No. 5181

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.